

APPLICATION DATE _____

CITY OF GOODYEAR

190 N. Litchfield Rd

RESUBMITTAL DATE _____

GOODYEAR, ARIZONA 85338

(623) 932-3004 FAX (623) 932-3027

Permit # _____

FIRE CONSTRUCTION PERMIT APPLICATION

→NOTE! INCOMPLETE OR ILLEGIBLE APPLICATIONS CANNOT BE PROCESSED.←

APPLICATION IS HEREBY MADE FOR PERMISSION TO: (PLEASE PRINT Or TYPE Detailed Description of Work To Be Done)

PROJECT NAME _____ SUBDIVISION _____

PROJECT ADDRESS _____ PARCEL _____ LOT# _____

PROJECT TYPE ☐ Residential ☐ Commercial ☐ Industrial ☐ New ☐ Alteration / Remodeling ☐ Addition ☐ Demolition

APPLICANT'S VALUATION \$ _____ CITY'S VALUATION \$ _____ TOTAL SQUARE FEET _____

WATER METER SIZE: _____

PLANS SUBMITTED BY: ☐ Architect ☐ Contractor ☐ Owner ☐ Tenant ☐ Other _____

CONTACT PERSON _____ PHONE () _____ FAX () _____

WHO IS CONTACT PERSON? ☐ Architect ☐ Contractor ☐ Owner ☐ Tenant ☐ Other _____

OWNER INFORMATION

OWNER _____ PHONE () _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

CONTRACTOR INFORMATION

COMPANY _____ PHONE () _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

LICENSE NO. _____ CLASS _____ ARIZONA STATE TAX NO. _____

The Following Information is Required for Commercial, Industrial, and Multi-Family Projects Only

PROPOSED USE _____ EXISTING USE _____

PROPOSED CONSTRUCTION TYPE WALLS: ☐ Combustible ☐ Noncombustible ROOF STRUCTURE: ☐ Combustible ☐ Noncombustible

EXISTING CONSTRUCTION TYPE WALLS: ☐ Combustible ☐ Noncombustible ROOF STRUCTURE: ☐ Combustible ☐ Noncombustible

IF THIS IS AN EXISTING BUILDING, DOES IT HAVE A FIRE SPRINKLER SYSTEM? _____ FIRE ALARM SYSTEM? _____

OCCUPANCY LOAD: _____ IBC OCCUPANCY TYPE: _____ IBC CONSTRUCTION TYPE: _____

UNDER PENALTY OF INTENTIONAL MISREPRESENTATION AND / OR PERJURY, I DECLARE that I have examined and / or made this application and it is true and correct to the best of my knowledge and belief. I agree to construct said improvement in compliance with all provisions of the Ordinances of the City of Goodyear. I realize that the information that I have stated hereon forms a basis for the issuance of the Building Permit herein applied for and approval of any plans in connection therewith shall not be construed to permit any construction upon said premises or use thereof in violation of any provision of the Goodyear City Code or any other ordinance or to excuse the owner or his successors in from complying therewith. **WHERE NO WORK HAS BEEN STARTED WITHIN 180 DAYS AFTER THE ISSUANCE OF A PERMIT OR WHEN MORE THAN 180 DAYS LAPSES BETWEEN APPROVAL OF REQUIRED INSPECTIONS, SUCH PERMIT SHALL BE VOID.**

I hereby certify that I am the **OWNER** at this address or that, for the purposes of obtaining this approval, I am acting on behalf of the owner. All contract work on this project will be done by a contractor holding a valid privilege tax license and contractor's license issued by the State of Arizona and the City of Goodyear.

APPLICANT (Please Print Name): _____ SIGNATURE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE Home () _____ Office () _____

Amount Paid: \$ _____ Date: _____

Please check box for each submittal type of **Fire Protection Plans, Specifications & Calculations** & **Construction Permits** being Applied for with this Application (check items to be noted on plans also):

NOTE! Plans will not be accepted for review until all appropriate information is submitted.
FIRE PROTECTION PERMITS – New Construction-Submit 3 Sets of Plans/Documents & 1 set of Building Plans:

- | | |
|--|---|
| <input type="checkbox"/> Onsite Fireline and Water Supply
(Flow test/Calculations-90% on curve) | Fuel Dispensers (#1-3):
<input type="checkbox"/> 1. Temporary/Construction Fuel Tank* |
| <input type="checkbox"/> Fire Sprinkler System, New
(Fire alarm and Monitoring required) | <input type="checkbox"/> 2. Aboveground Fuel Tank* |
| <input type="checkbox"/> Fire Sprinkler System, T.I. | <input type="checkbox"/> 3. Underground Fuel Tank* |
| <input type="checkbox"/> Fire Alarm and Monitoring, New-Occupant
Notification/monitoring required | <input type="checkbox"/> Flammable/Combustible Liquid Storage/Use* |
| <input type="checkbox"/> Fire Alarm System, T.I. | <input type="checkbox"/> Hazardous Material Storage/Use* |
| <input type="checkbox"/> Fire Pump &/or Auxiliary Water Supply | <input type="checkbox"/> Process Piping Plans |
| <input type="checkbox"/> Standpipe System/Hose Cabinets | <input type="checkbox"/> Liquefied Petroleum Gas Installation*
(containers over 125 gallon aggregate) |
| <input type="checkbox"/> Special Extinguishing System | <input type="checkbox"/> Liquefied Petroleum Gas Exchange Rack*
(Regulates any quantity of LPG or exchange) |
| <input type="checkbox"/> High-piled Combustible Storage | <input type="checkbox"/> Paint Spray Booth, Install or Modify* |
| <input type="checkbox"/> Fruit Ripening Process* | <input type="checkbox"/> Provide all-weather Access Road (20-ft. min.;
width or 26' if building 3 stories/30 ft high.) |

Please check the Items Below Required to be Noted on the Construction Document General Notes:

- ☐ Indicate Fire Dept Key Box Access: ☐ Knox box ☐ Padlock ☐ Electronic & Key pad*
- ☐ Construction Fire Safety (Access road minimum width 20' all-weather surface/water supply)
- ☐ Premises Identification to be legible from street or drive
- ☐ Hazardous Materials Inventory; Hazardous Materials Management Plan Submitted*
- ☐ Fire Dept. Connection
- ☐ Automatic Gate Entry Devices*
- ☐ Other Required Information _____

*** Separate Fire Department permits required. Contact Goodyear Fire Department at 623-536-7531**